

**HOME Program – Rental Completion Report**

	Mark Appropriate Box <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision
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**Part A: Activity Information**

1. Activity Number:	2. Name of Participant:	3. Participant Tax ID Number:	4. CHDO Tax ID Number
6. Type of Property (check one):  (1) <input type="checkbox"/> Condominium      (2) <input type="checkbox"/> Cooperative (3) <input type="checkbox"/> Single Room Occupancy      (4) <input type="checkbox"/> None of the Above	7. Does Activity Have Rent Exception?  (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	8. Mixed Income Activity?  (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	9. Mixed Use Activity?  (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No

**Part B: Financial Structure of Activity**

Type of Activity Financed (check one):

- (3) ☐ Rehabilitation Only      (3) ☐ Acquisition Only      (5) ☐ Acquisition & New Construction  
 (4) ☐ New Construction Only      (4) ☐ Acquisition & Rehabilitation

**Activity Costs**

1. HOME Funds (Complete appropriate items (1) – (5))	(1) Direct Loan	Annual Interest Rate	%	Amortization Period	YRS	\$
	(2) Grant					\$
	(3) Deferred Payment Loan	Annual Interest Rate	%	Amortization Period	YRS	\$
	(4) Community Housing Development Organization (CHDO) Loan					
	a. TA Loan				\$	
	b. Seed Loan				\$	
	Total CHDO Loan (Total items 4a & 4b)					\$
<b>Total HOME Funds</b> (Total items (1) – (5))						\$
2. Public Funds	(1) Other Federal Funds				\$	
	(2) State/Local Appropriated Funds				\$	
	(3) State/Local Tax Exempt Bond Proceeds				\$	
	<b>Total Public Funds</b> (Total items (1) – (3))					\$
3. Private Funds	(1) Private Loan Funds	Annual Interest Rate	%	Amortization Period	Yrs	\$
	(2) Owner Cash Contribution				\$	
	(3) Net Syndication Proceeds (No low income tax credit)					
	(4) Private Grants				\$	
	<b>Total Private Funds</b> (Total items (1) – (3))					\$
4. Low Income Tax Credit Syndication Proceeds						\$
5 HOME Program Income						\$
<b>6. Total Activity Costs</b> (Total items 1 – 5)						\$

**Part C Household Characteristics.** Complete one line for each unit assisted with HOME funds. Enter one code only in each block. If the activity is a 1-4 unit owner-occupied rental activity, also provide tenant characteristics. For activities which include multiple addresses, complete a separate Household Characteristic (Part C) for each address.

Activity Address:	Activity Number:
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[illegible]

1 = Section 8  
2 = HOME TBRA  
3 = Other  
4 – No Assistance